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May 11, 2017

PSYCHIATRIC EVALUATION OF JONATHAN J. LEITE

QUALIFICATIONS OF THE EXAMINER

My professional qualifications are attested to in the attached curriculum vitae. I have been certified by the American Board of Psychiatry and Neurology, the American Board of Forensic Psychiatry, and the American Academy of Pain Management.

CIRCUMSTANCES AND PURPOSE OF THE EVALUATION

In this matter, I was contacted by Attorney Benjamin T. King who asked that I conduct an independent psychiatric evaluation of Mr. Jonathan Leite. As part of that evaluation, I reviewed the following reports, records and documents:

First Amended Complaint, Jonathan Leite v. Corrections Officers Matthew Goulet, et al. (08/26/15)
Children's Hospital Boston
New Hampshire Department of Corrections, Mental Health Services
Daryl Bazydlo, CMHC
John Richmond, MD
Garrett Graves, MD
Linda Hannigan, SW
Deborah Green, SW
Maurice Regan, PhD
Jack Gavin, APRN
Catherine Lafontaine, APRN
Kristi Trudel, CMHC
New Hampshire Department of Corrections, Progress Notes
Androscoggin Valley Hospital
Dartmouth Hitchcock Medical Center
Louie Raphael, MD
David F. Bauer, MD
Paul H. Kispert, MD
Patricia L. Lanter, MD
Lise A. Davini, PT

Christina A. Plant, RN
Debra A. Fournier, APRN
Kelly A. Piselli, OT
Maryellen Gallagher, SLP
Eric D. Martin, MD
Sharon A. Morgan, APRN
Maria Stella McHugh, MS
Catholic Medical Center, Rehabilitation Medicine Unit
Zubin Batlivala, MD
Rachel Modlinsky, PT
Angela Serge, OT
Jean M. Manning, ST
Elizabeth Hess, PhD
George B. Neal, MD
Edward Martin, PhD
Northern Human Services, The Mental Health Center
Coos County Family Health Services
Elaine M. Chappell, MD
Emily Leclerc, RN
Clint Emmett, APRN
Sohaib Siddiqui
Lucille Addington, RN
Amanda Blankenship, RN
Heather Guay, RN
Androscoggin Valley Hospital, Surgical Associates
Donna Edwards, RN
Economic Report, Craig L. Moore, PhD

On 05/18/17, I interviewed Mr. Leite in Manchester, NH for approximately two-and-a-half hours. In addition, the following psychological tests were administered: Cognitive Capacity Screening Examination, Rey's 15-Item Memorization Test, Beck Depression Inventory-II, Patient Anxiety Scale, Trauma Symptom Inventory-2 (TSI-2), and Minnesota Multiphasic Personality Inventory-2-RF (MMPI-2-RF). I also spoke to Mr. Leite's wife Ashley, and his mother-in-law Kathleen Peters, for additional observations and historical information. Mr. Leite is not always a reliable informant in part due to memory problems from his traumatic brain injury. Mr. Leite was informed that this evaluation did not constitute a doctor/patient relationship, and that the information and results obtained would be provided to the individual(s) who retained me. He acknowledged an understanding of this, and signed an authorization to that effect.

On 08/24/12, while incarcerated at the New Hampshire State Prison/Berlin, Mr. Leite was, reportedly, assaulted by other inmates, sustaining, numerous contusions, and a head injury with skull and facial fractures, and intracranial bleeding. Since that time, Mr. Leite claims to have persistent physical and mental symptoms, functional limitations, and inability to return to work. The purpose of this evaluation is to assess his mental state as it relates to his claims.

BACKGROUND AND PERSONAL INFORMATION

Mr. Leite is a 33-year-old man (DOB 11/14/83) originally from the Dracut/Lowell areas of Massachusetts, but now living in Berlin, NH. His father and mother divorced when he was 5 or 6-years-old, and he did not have much contact with the father after that. The father formerly had his own cleaning business. He is described as an alcoholic who may have been at least verbally abusive. He is now deceased. Mr. Leite's mother raised him and his siblings alone. They were poor, but Mr. Leite says they "didn't want for much." The mother remarried when Mr. Leite was 22-years-old, later divorced again. She studied criminal justice but did not have an opportunity to work in that field because of an acquired medical disability, the specifics of which are not clear. She continues to live in Massachusetts, and Mr. Leite has infrequent contact with her. Mr. Leite is one of six children. He and his twin brother were the youngest, and there are two older brothers and two older sisters. Last year, Mr. Leite's twin brother was struck by a motor vehicle in Jamaica where he was vacationing, and died. Mr. Leite says his brother was his "best friend," and he is still grieving over the death. One of Mr. Leite's sisters may have problems with alcoholism, but otherwise there is no other known family history of mental disorders or substance abuse.

Mr. Leite reports he was not the victim of any abuse in his household. He also says he did not have any learning problems. Elsewhere, it is reported: "...raised by single parent mom when dad left age 5...mom lived on welfare, no other men in family. Mom depressed, very uninvolved with children, but extremely physically abusive: yelled at or hit kids every day; so (patient) moved out at 14...went to school one day a week to keep from getting CHINS (petition)."(New Hampshire Department of Corrections-NHDOC, Mental Health Services, John Richmond, MD; 06/21/10).

As a child, Mr. Leite was diagnosed with spina bifida, a congenital spinal condition which required recurrent treatment (see Prior Medical History below). Nonetheless, he was athletic and played football. He was, however, often in trouble at school. He dropped out in the eighth grade, and began working in construction with his future father-in-law, Chris Peters. He later received a GED. Mr. Leite has worked in construction most of his life, and for a period of time had a construction business with his twin brother. He says he is good at framing and siding. He mostly built residential homes.

Mr. Leite was married last year. However, he has known his wife Ashley since they were teenagers, and often lived with her and her parents, first in Massachusetts and then New Hampshire (Nashua, later Berlin). They broke up a few times, particularly when Mr. Leite was incarcerated, but maintained contact. This was partly because they had two children, a son Jonathan, Jr. who is now 12-years-old and a daughter, Isabel, who is now 9-years-old. They have their own home now in Berlin. Mr. Leite is close to Ashley's parents who live nearby, particularly to his mother-in-law, Kathleen Peters. Ashley says that Mr. Leite always had a temper, and may have grabbed her by the arms a couple of times, but never hit her or the children. She works as a para educator for handicapped children.

PRIOR MEDICAL HISTORY

Mr. Leite was born with spina bifida (a congenital abnormality of the developing spinal cord creating a cyst from the sheath that covers the cord); it was at the level of the sacrum.

When the cyst enlarged, it pulled on the cord causing pain as well as neurosensory symptoms. Mr. Leite has had four surgical procedures to detether it, i.e., separate it from the cord (1983 shortly after his birth, 1993, 2006, and 2015). Mr. Leite's symptoms are typically low back, buttock, and leg pain; along with numbness and tingling, and weakness in his legs. In addition, he sometimes has incontinence of urine (and sometimes feces), and a predisposition to urinary tract infections. Mr. Leite has also had a pilonidal cyst at the tip of the spine, which may be related to the prior surgeries.

PRIOR PSYCHIATRIC HISTORY

Although Mr. Leite would, reportedly, get into trouble at school and had a temper, he says he did not have counseling, mental health treatment, or psychiatric medications during his early development. Medical records show: "diagnosed with Attention Deficit Hyperactivity Disorder – ADHD) (at 11-years), saw a psychiatrist, wanted to start Ritalin but mom didn't believe in meds. Fighting ever since child, suspended first time at age 9 for fighting, grew up in Lowell where fighting was survival…admits to stealing and lying among peers, lied to mom…" (John Richmond, MD, 06/21/10). Mr. Leite does not have a history of alcohol or substance abuse, other than marijuana "once in a while." He has no history of juvenile detention or arrests.

Since they were 15-years-old, Mr. Leite and his brother, reportedly, would buy cars and drive without a driver's license. When pulled over for a traffic violation, he/they ? would be cited for driving without a license. After a number of violations of this kind, Mr. Leite was "suspended" from acquiring a license. Twice Mr. Leite was charged as a "habitual offender," and in 2010 was sentenced to one year at the Coos County Department of Corrections (CCDOC). Shortly after that, he, reportedly, "exploded and threatened a (correctional officer - CO) and his family" because the CO "promoted a 'kid' above him on the farm job." Mr. Leite was placed in the "hole" at CCDOC, and subsequently transferred to the New Hampshire State Prison/Berlin (NHSP/Berlin) within the New Hampshire Department of Corrections (NHDOC). A mental health evaluation there reported the following:

- "In jail, he had exacerbation of anger and rage, and then had a very bad anxiety attack (with) panic features, tachypnea (rapid breathing), (shortness of breath), chest pressure, diaphoresis (sweating), lightheaded, felt he was having a heart attack or going crazy. Given a shot and isolation. Started on (mood stabilizer – Lithium Carbonate), (anti-anxiety agent – Klonopin), (antidepressant – Trazodone), (major tranquilizer/antipsychotic – Haldol), (antidepressant – Celexa), not sure in what order, may have been more meds, probably. Believes he was being treated for depression and anxiety…currently off Klonopin, has panicky feelings occasionally, without full blown panic attacks…predominant feeling is one of sadness tinged with anger at being in prison and separated from family. Notes only about 4-5 hours' sleep, denies nightmares, some anhedonia (lack of pleasure), feels guilty but not terribly so, slight weight loss, minimal loss of concentration/focus. Notes subjective sadness without tearfulness (or) suicidal ideations, except occasional passive (suicidal ideations). Concerned that he has always had an anger problem (like everyone in his family), finds himself struggling sometimes to not explode and pound 'punks' in the dorms as they shuffle around." Mr. Leite was diagnosed as having: Depressive Disorder NOS, mild, in partial remission on meds; Panic Disorder without agoraphobia or anticipatory anxiety, mild to moderate, much improved on meds; and remote history of

probably ADHD, never treated.(NHDOC, Mental Health Services, John Richmond, MD, 06/21/10)

Mr. Leite continued to be seen by NHDOC Mental Health Services, with a focus on improving his affective (mood) regulation and anger/impulse control. Another mood stabilizer was prescribed (Depakote), and his diagnosis now included: Mood Disorder. The previous mood stabilizer, Lithium Carbonate, was restarted prior to his discharge from NHSP/Berlin.

Mr. Leite says that his incarceration at NHSP/Berlin "changed (him)." He blames this in part on being "treated like an animal" by CO's, but also the interaction with inmates who test you if you are weak, steal from you, threaten you with physical or sexual assault, or make you "pay rent," i.e., have someone outside of prison transfer money into their account. Mr. Leite says that he was in many fights because he would not allow himself to be "disrespected." Once he was released from prison, he says he felt like he was "still in jail," and with the same attitude that he "(wouldn't) let anyone push (him) around." He says that Ashley saw the change in him and this was one of the reasons why they separated. He also began arguing with his father-in-law, with whom he was working at the time, and left to restart his own construction business.

It is not clear if Mr. Leite had any mental health treatment after being released from prison, but he was seen once at Androscoggin Valley Hospital Emergency Department, where it was reported:

- "The patient states that he is not safe around people. He reports that he has been 'snapping' with people…Last night he reports that someone owed him money. When the person refused to pay him, he was involved in an altercation with that person. This (morning) while at work, a co-worker was 'talking back.' The patient reports that the next thing he knows he had his hand on the guy's neck and pushed him up against a wall. The patient feels that he is unable to control himself during these episodes. Of note, the patient has had increased financial stress recently. The patient also recently got out of prison a few months ago…There is decreased sleep overall. The patient also reports decreased appetite…The patient denies any alcohol use. Positive drug use ('whatever I can get my hands on') (? sic., no corroboration of drug use besides marijuana)." Mental Health Services evaluated Mr. Leite, and he was restarted on an anti-anxiety agent (Klonopin) and advised for follow-up with a primary care provider and mental health services.(Androscoggin Valley Hospital, 12/06/11). It is unclear if Mr. Leite had follow-up treatment or continued on any psychiatric medications afterward.

Mr. Leite says that his construction business was not doing well, and in order to keep up with his bills he would loan money, typically to "junkies," at a high interest rate. On New Year's Eve 2011, when one of the junkies would not pay him back, Mr. Leite went to his house. During an altercation that followed, the junky's acquaintance brought out a gun, and Mr. Leite says he fought him to take it away. After the altercation, and Mr. Leite left, he says that the junky called the police and claimed that it had been Mr. Leite's gun. Mr. Leite denies this, but eventually pled to a number of charges including first degree assault, witness tampering, robbery, and burglary. In return, he accepted a plea of two to eight years (expected to be out in two years) since the firearm charge was dropped. Once again, Mr. Leite was incarcerated at NHSP/Berlin.

PRESENTING ILLNESS OR INJURY

Mr. Leite says that after his re-incarceration at NHSP/Berlin, in March 2012, he was experiencing the same inmate issues as before, i.e., threatening behavior, inmates looking for "an easy target." Again, it was important for him not to appear weak. He says these inmates were part of one or more gangs. Mr. Leite says that, he then saw how these inmates were targeting a young newly arrived inmate, threatening him if he did not have his family arrange to bring drugs into the prison for them. Mr. Leite says he saw how upset the newly arrived inmate was, so he stood up for him. On 08/24/12, the inmates were giving the newly arrived inmate a hard time again, which Mr. Leite now believes was probably to lure Mr. Leite into one of their cells. When Mr. Leite saw this, he went to their cell to confront them. The next thing he remembers is waking up handcuffed to a hospital bed, asking what happened. Reportedly, Mr. Leite entered the cell at approximately 2:37 p.m., and did not exit for approximately twenty minutes. A video camera reportedly showed that he "staggered out of the cell…unsteady on his feet, fell to the floor, landing on his buttocks…struggled to his feet, and another inmate 'helped' to steady him…struggled to get in his bunk, but he could not get over the rail. Another inmate pushed him up and into his bunk.(First Amended Complaint, Jonathan Leite v. Corrections Officers Matthew Goulet et al.

More than two hours later, at 5:10 p.m., medical personnel were called to evaluate Mr. Leite:

- "Called to F Block for med(ical) emergency. Upon entering the block Sgt. Sweatt stated he found this (inmate) in his bed unresponsive. (Inmate) had pieces of blood in his sputum…has both eyes closed, but is able to respond whenever he is nudged or spoken to loudly…eyes are pinpoint…arms are flaccid and he keeps moving his hands to his face. I asked the (inmate) if I was security and he shook his head no and when I asked if I was a nurse he shook his head yes. I asked if he took something he wasn't ordered and he shook his head yes (sic.) No open areas, no abrasions or signs of assault. Both feet were ashen and cold to the touch…[Sgt. Sweatt stated (inmate's) clothes on his bed were soiled (with) feces (and ?) urine]…muscles to both legs are spasming…EMS arrived on scene(5:30 p.m.), sprayed Narcan (opioid antidote) into one nostril and they prepared him for transport. (Inmate) is more active at this time."(Donna Edwards, RN, NHDOC; 08/24/12)

Mr. Leite was brought to Androscoggin Valley Hospital where it was reported:

- "…Inmate at a local state prison. Emergency room for evaluation of head injury. History as recorded by video camera showed the patient walking into a cell…wearing a shirt. Subsequently he was seen leaving the cell without a shirt. He then proceeded to collapse at the doorway. Brought to the emergency room via Berlin EMS. Patient basically noncommunicative, further history not available. Does respond to commands…multiple contusions the entire head. Contusions of the left face. Tenderness to palpation scalp and left face…old blood noted in right nostril…" Glasgow Coma Scale was 12-13/15, and CT scan of the head showed "nondepressed right temporal bone fracture with underlying subdural versus epidural hematoma (bleeding)…Sphenoid bone fracture with right sphenoid sinus fluid…right temporal sphenoid bone fractures…question fracture of right zygomatic bone…mild right sphenoid sinus fluid…" The diagnosis was: head injury; subdural hematoma. Mr. Leite was transported to Dartmouth Hitchcock Medical Center (DHMC).

DHMC records show the following:

- "…presents to DHMC (status post) found down, substance induced versus (assault). Description of events leading up to injury includes (patient) initially given Narcan (without) effect (i.e., this was not an opioid overdose), (patient) responded stating he was assaulted… Mental status: awake, but confused and inappropriate in responses, oriented to person, place… Injuries identified on primary and secondary survey include: 1. Right parietal bone fracture. 2. Right cephalohematoma. 3. Right parietal hematoma. 4. Right temporal bone fracture. 5. Right zygomatic bone fracture. 6. Right sphenoid fracture. 7. Left parietal (subarachnoid hemorrhage). He was admitted to the Trauma Surgery Service, with consultations through (Neurosurgery) and (Otolaryngology)."(Louie Raphael, MD, DHMC; 08/24/15)

Mr. Leite remained at DHMC for two weeks. He did not require surgical intervention, but continued to show confusion, impaired mental status, and difficulty answering questions. He reported "headaches, dizziness, poor balance, fatigue, generalized pain. His right ankle was bruised and swollen, and he needed the assistance of two people to mobilize safely." Mr. Leite received physical therapy, and physical medicine and rehabilitation care, where he also endorsed "changes in hearing…difficulty with memory, word finding and keeping up with conversation… general sense of weakness…unable to consistently support his weight on his right side, very unsteady, poor balance." He also received occupational therapy and speech and language therapy (SLP). Specifically, the SLP evaluation showed:

- "Moderate cognitive linguistic deficits characterized by decreased ability to maintain or sustain a focus of attention with noted internal distractibility and performance fatigue over the course of 20-30 mins with increased need for repeat of information to accurately process verbal information with noted increased processing times over time and increased response latencies. Linguistic skills for basic wants and needs are functional with well preserved primary language skills of receptive and expressive language. However, pts primary cognitive deficits of decreased attention and memory both immediate and short term result in decreased verbal organization, reasoning and problem solving at this time. Pt's responses are often vague lacking relevant or salient details and frequently delayed. Errors occur as substitutions, sequencing errors, inability to generate relevant solutions or causes for basic problems after generating one very vague response. He often said, 'I don't know why I can't do this, I just can't think of anything.' or 'I don't know what's wrong with me the past few days I just can't concentrate or stop thinking about all this other stuff in my head when someone is talking to me.' He could not recall his address or his cell phone number and used the board to recall the month and year. He struggled with recalling his children's birthdays. His clock drawing was mildly decreased but well preserved as was his ability to identify the middle of a page. He reports difficulty reading described more as difficulty focus and maintaining attention with pt 'loosing track of the story' or having to reread several times to understand a book he was readily reading prior to this injury. Pts responses and performance today are consistent with a moderate traumatic brain injury with expected issues of attention, memory and higher level linguistic cognitive skills for problem solving and reasoning. Pt will need continued SLP at discharge for continued cognitive linguistic therapy."

(Maryellen Gallagher, MS, CCC-SLP; 09/04/12)

Mr. Leite was treated with an anticonvulsant medication (Keppra) preventatively for the possibility of seizures due to his traumatic brain injury (TBI). His other diagnoses at discharge were: Subarachnoid hematoma; right parietal hematoma; right temporal bone fracture with extension to the sphenoid bone and lateral wall of sphenoid sinus; and right zygoma fracture. Continued rehabilitation was recommended after discharge.(DHMC, 08/24/12-09/06/12)

Mr. Leite was then transferred to Catholic Medical Center (CMC), Rehabilitation Medicine Unit for further management and care. It was noted that he "appears to have high level cognitive functioning changes as well as some mild carry over issues…Patient also acknowledges that his memory is slowing returning to baseline. However, he feels that he has pain in his face, back, rib cage area, and lower extremity and has some weakness as well as gait imbalance issues…" Mr. Leite remained at CMC for eight days where he received physical therapy, occupational therapy, and speech and language therapy. Upon discharge, it was reported:

- "He was transitioned to the Rehabilitation Medicine Unit for further management and care. He had some gait and balance issues, which have progressively improved. He is able to ambulate independently without any assisted device for now. He does have some baseline atrophy of his right calf muscle which is an ongoing issue since he has history of spina bifida and has undergone three back surgeries for the same. Also, he did have some mild carry over and memory issues which again appear to be progressively improving. He does not complain of any pain today and has not had any seizures…He is being discharged back to the correctional facility. He will follow-up with neurology in two weeks for re-evaluation of the above issues. Also, he will follow-up with (Otolaryngology) in about four weeks for repeating an audiogram (secondary to hearing deficits following injury of 08/24/12)."(Zubin Batlivala, MD, Catholic Medical Center, RNU; 09/06/12-09/14/12). The speech and language therapist added that Mr. Leite "has made excellent progress since admission and has met most (long term goals). (Patient) presents with (minimum) higher level cognitive-communication deficits including complex attention/ processing and recall for new learning. (Patient) feels that he is not at his baseline necessary for eventual return to work. He is pleasant and cooperative and would like to pursue further speech therapy.(Jean M. Manning, ST, 09/14/12). A subsequent audiologic evaluation reported that Mr. Leite "does not feel he is understanding speech as clearly as he was prior to the assault and questions a possible loss of hearing." However, the audiologic evaluation revealed normal hearing.(Maria Stella McHugh, MS, 11/19/12). The hearing deficit likely due to poor auditory comprehension.

Mr. Leite says that in the first month or so after the assault on 08/24/12, he had "pain everywhere," with his face being the worst of it. He says he had headaches, pressure in his face, aching in his cheek bones, sinus pain and difficulty breathing through his nose, sensitivity to light, and some sensitivity to noise. He also had ringing in his ears, dizziness, and problems with balance. Cognitively, he says that he "couldn't remember anything," had difficulty talking and writing (could not remember words), and could not get out what he wanted to say. There were problems with mental focus, his mind raced, and even watching television was difficult. Mr. Leite also says that emotionally, he was extremely fearful and paranoid. He would wake in the night in a cold sweat with disturbing nightmares, and felt like "someone was waiting to get (him)." His sleep was poor and he was having panic attacks during the day, especially when someone walked by his cell even it was locked, i.e., a corrections officer or another inmate. His body would react automatically, and he was jumpy, irritable, and startled easily. He says he was

anxious and depressed, helpless, and felt "out of control of (him)self." It was "like stuck in someone else's body"; "could barely string sentences together"; had difficulty just holding a pencil in his hand, and walking was hard. There were times when he wished he had not lived during the assault.

Following his hospitalizations at DHMC and CMC, Mr. Leite was placed at NHSP/ Concord to complete his year-and-a-half of the two year minimum sentence. Although the change from NHSP/Berlin appeared to be for his safety, Mr. Leite says that the gangs at NHSP/ Berlin have compatriots at NHSP/Concord. He claims he did not feel safe and suspected every inmate of being a gang member. He did, however, contact Mental Health Services again where the first record shows the following:

- "I don't need to talk. I am okay…neat and clean fellow. Good manners. States he has a longstanding problem with anger prior to the past day or two when he lost his temper about the phone and was cuffed up and sent to his room. He, despite saying he didn't have much to say, tolerated half hour without anxiety or anger. He denies recall of any event of sexual assault (on 08/24/12) but apparently may have been unconscious for an hour or so. Denies any suicide history and denies any suicidal ideation…had a skull (fracture) while in Berlin. Airlifted out to DHMC. Rehab at CMC…asked the (patient) if it was possible that he had been sexually assaulted while unconscious. Apparently had noticed that the area from previous surgeries was bigger than before…Indicates he has always had issues with anger. The worst thing that happened was loss of a girlfriend (Ashley) prior to coming into the prison. 'She couldn't deal with my anger.' Negative experiences talking with therapists who would just sit and write things down and negative experiences with prescribed meds – said they made him feel like a zombie. Said his brother called him (the wall)." Mr. Leite was diagnosed as having: Mood Disorder, with depressive and anxiety features; and Antisocial Personality Disorder.(Deborah Green, SW, NHDOC Mental Health Services; 09/20/12)

In October 2012, Mr. Leite had a more formal psychological evaluation where the following was reported:

- "Mr. Leite was interviewed four times over two Fridays one week apart, (09/28/12 and 10/05/12). Initially, he was hesitant to speak with me as he reported he gets interviewed all the time, those people 'write things down', and he never gets any results. However when I assured him he would get results from me, he was very cooperative and appeared to be giving the below tests his full attention and best effort…Mr. Leite reported much anger toward the correctional staff who he feels failed to prevent the assault as they were 'goofing off'. Mr. Leite reported he was targeted by other inmates as he was protecting an inmate who was subjected to sexual abuse and strong arming. He reported that surveillance tapes show his assault in a common area, inmates dragging him to the wrong cell and bed, and he was undiscovered for 1.5 hours (sic.). He reported similar 'goofing off' at the Concord prison that prevented the protection of another inmate. During the interview, both Mr. Leite and I heard the jingle of keys and he reported that this sound reminds him of the assault and his anger at the staff. He stated that he is 'always angry' and 'everyone is out to get me'…

"Despite a limited education, Mr. Leite scored at or above the medians on four subtests, including a maximal score on the Picture Arrangement. Unfortunately, Mr. Leite had a very low score on Digit Span, a measure of immediate, auditory memory for single digits. Also low was

his perceptual motor abilities under speeded conditions. This subtest pattern suggests that Mr. Leite's various intellectual abilities prior to the head injury were above average and he is currently impaired at least in one area, immediate memory abilities…

"The WPT, a group, global, intelligence test was completed at the 11th percentile. Mr. Leite completed 11 items on this speeded test with eight errors. He reported special difficulties while completing the test items and reported, 'Some questions did not make any sense to me.' This low score on a global test is probably the result of the impairment measured above on the WAIS subtests…

"Using a version of the cowboy story, the airbrakes story, Mr. Leite only repeated three facts of this brief story that was read to him, and only two were correct. This again suggests that his immediate, auditory memory for 'logical' events is impaired in a similar fashion as measured above. Mr. Leite had the hands reversed on the clock test. His reproduction of the complex figure was slightly impaired and his immediate recall was very impaired…

"Trails A and B were unimpaired and completed quickly…

"On the EPQ prior to the head injury, Mr. Leite generally described himself as rule following and conventional with a median score on the P or psychoticism scale, extroverted- and possibly impulsive with a score well above the mean on the E scale, and at the mean on emotionality on the N or neuroticism scale. The L or lie scale was high, suggesting the Mr. Leite was portraying himself in a positive light…

"Mr. Leite responding on the EPQ after the head injury was far different. Though the L scale was still high, Mr. Leite described himself as a rule breaker and unconventional on the P scale, very introverted on the E scale, and very emotional on the N scale…

"The MAACL, as with the EPQ, was administered twice, before and after the injury in the manner of the EPQ above. Prior to the injury, Mr. Leite reported anxiety, depression, and hostility below the median, generally at the first quartile. Pleasant affect and sensation seeking were at the 67th and 98th percentiles respectively. After the injury, Mr. Leite reported anxiety, depression, and hostility at the 99th percentile. Pleasant and sensation seeking were at the first and 17th percentile, respectively…

"On the EPQ and MAACL, taken together, Mr. Leite described himself as very unhappy and less able or likely to be seeking happiness…

"Summary and Conclusions – Mr. Leite suffered a serious head trauma that has impaired his immediate memories at the very least. He probably should be re-evaluated with the same or similar measures at reasonable periods in the future and these results should be compared with the above data and with the neuropsychological evaluation apparently completed when he was hospitalized at Dartmouth Hitchcock…

"Prior to the head injury, Mr. Leite described his various personality traits at very functional levels. Since his injury, Mr. Leite described himself as very unhappy. This testing might also be repeated if he were to be reevaluated as described in the above paragraph."

(Maurice Regan, PhD, 10/12/12)

Three months later, Mr. Leite was seen again by the psychologist, and some of tests which were extremely low were repeated. It was reported that: "...Mr. Leite looked improved... His overall performance has improved dramatically, with the largest improvement in immediate auditory memory for sentences and numbers. (Mr. Leite) attributed this improvement to 'memory' exercises given him by the physical therapist...He wishes to return to 'general population' status and he seemed to have a good understanding of the process to eventually end his pain medication."(Maurice Regan, PhD, 01/11/13)

In January 2013, Mr. Leite was admitted to the Residential Treatment Unit (RTU) at NHSP/Concord, having been at Health Services prior to that. Here he underwent a mental health evaluation where he complained of "problems controlling his anger," particularly after the assault on 08/24/12. On mental status examination he was reported to be: "alert and oriented x 4 spheres...able to spell the word 'WORLD' forward and backward...able to perform serial 7's...immediate, recent, and long term memory are all intact at 3/3...fund of knowledge is appropriate for age and level of education...reasoning is abstract...insight and judgment are poor." He was diagnosed as having: Intermittent Explosive Disorder secondary to TBI; and admitted for individual and group therapy, as well as psychiatric medication.(Jack Gavin, APRN, 01/10/13)

Mr. Leite did not adapt well to the RTU:

- "Mr. Leite was assigned to an individual therapist with whom he struggled to form a therapeutic relationship. He was also assigned to several groups on the unit, both to satisfy his treatment needs and court requirements. There were times when he had to be asked to leave groups or was able to remove himself before he escalated to physical anger and aggression. Towards the end of the stay on RTU he showed some, although minimal, progress in his ability to interact appropriately in a group setting, continuing to receive frequent cuing to be appropriate and respectful. On 03/04/13, (Mr.) Leite was asked by security to lock in after an incident with a peer. He refused and resisted and ended up being (on pending administrative review – PAR, transferred) to the Special Housing Unit (SHU) as a result of his actions."(Kristi Trudel, CMHC, 03/07/13)

Mr. Leite did have follow-up with clinical staff from Mental Health Services while at SHU, and in August 2013 returned to RTU, but this time only lasted for two weeks with the following being noted:

- "Met 1:1 with Mr. Leite to discuss his return to RTU and his goals for his stay here. He explained he is worried and hoping he did not make a mistake by returning. He explained that he was triggered when he came in the elevator as the officer who put his hands on him when he was lugged before was the officer at the elevator. He does not want anything to do with this officer. Processed that while the officer does not work directly on the unit at this time there will still be some interaction as officers rotate. He understands this but does not wish to process incident with officer and wants to avoid as much as possible. He is also frustrated because he has not gotten his property yet and feels it should have been done already. Discussed trying not to assume staff are trying to push his buttons and think instead of why he is here and what he wants to get out of program. Dr. Lemmond joined discussion as well. Further discussed focusing on improving the way he copes with situations and focusing on himself. He feels his peer relations on the unit are fine and is anxious to get involved in groups, criminal and addictive

thinking and others. Spoke about getting him involved in several recreation/physical activities as well. He is happy to have his own cell and wants to get his property and get settled…

"Clinical Course: Mr. Leite was on RTU for just over 2 weeks when PAR occurred. He had been actively participating in groups, making a concerted effort and being honest about the difficulty he was having in changing his thinking, seeing it sometimes as 'manipulative'. His treatment need(s) had not yet formally met but he had been able to start some groups, to include Thinking for a Change and Coping Skills. He was able to accept feedback with a decreased level of defensiveness from last RTU admission. However, due to his choice to go into another inmate cell that resulted in the other inmate accusing Leite of assault Leite was PARd to SHU and found guilty of this offense, despite denying the other inmates claims against him."

(Kristi Trudel, CMHC, 08/26/13)

By now, Mr. Leite was being prescribed a mood stabilizer (Gabapentin), an anti-depressant medication (Celexa), an antihypertensive used for nightmares (Prazosin), and melatonin for sleep. Mr. Leite continued seeing clinical staff while in SHU with diagnoses of: Intermittent Explosive Disorder; Posttraumatic Stress Disorder (PTSD); traumatic brain injury; and spina bifida.(Daryl Bazydlo, 10/22/13)

Mr. Leite says that for the remainder of his incarceration at NHSP/Concord he was involved in numerous fights, some seen on video cameras and others not seen. He indicates that the frequency was far more than in his first incarceration in 2010. Where he had four or five fights during the entire first incarceration, he was now having two or three per week. Upon his discharge from NHSP/Concord, he returned to Berlin, NH and, later live again with Ashley and his children, but says that his anger problems were severe and he would be "furious about stupid things." Once when she tried to wake him, he sprung out of bed confused and went after her. While he did not assault her, he was afraid that he might hurt her or someone else, and so went to live elsewhere temporarily. When he tried to return to construction work with his father-in-law, he says he did not realize how bad his mental state was. On the second day of the job, he reports going after some younger co-worker because he thought the co-worker was saying something negative against him. He says he grabbed him by the throat and threw him against a trailer. Subsequently, the co-worker went to the police but no charges were filed. Once when he was at a store with Ashley, who remained in the car, a man "shoulder checked" him and in reaction he "beat him up" without concern for the consequences. On another occasion at a doctor's appointment, someone in the waiting area appeared to be staring at him; his next memory is seeing himself punching the person in the face. He then ran out. The incident (with police involved) was dismissed as "mutual combat." On one occasion, he was aggressive with an employee at a gas station, and was charged with criminal trespass and not allowed to go to the gas station again. At a Wal-Mart he became threatening because everyone, to him, seemed to be looking at him menacingly. After his son reported being in a fight at school, he went there to retaliate and had to be restrained by police. Once he even became aggressive with a treatment provider, for which police were called.

Since July 2014, Mr. Leite has been in treatment at Coos County Family Health Services where he has been prescribed medication for Posttraumatic Stress Disorder (PTSD); traumatic brain injury (TBI) with anxiety; and Anger/anxiety. His medication initially was an antidepressant (Paxil), anti-anxiety agents (Klonopin, Hydroxyzine), and an antihypertensive used for

nightmares (Prazosin). Mr. Leite had been resistant to mood stabilizers because of their side effects. He also had fear of becoming addicted. In treatment records at Coos County Family Health Services, the following history was noted:

- "...was 'jumped' while in prison. (Patient) unable to give more details but states this has had great emotional impact on his life. Feels scared to leave home/go anywhere that is not familiar to him. Paranoid someone will jump out behind door/from bushes and attack him. Moved back here to be closer to his children but unable to spend much time (with) them due to being fearful of even taking them to the park to play. Has nightmares/unable to sleep at night due to fear/anxiety...Also struggles (with) chronic (left) lower back pain/(left) hip pain...Pain radiates from back down to thighs. Muscle tightness in lower back/legs. Attributes this to spina bifida...anxiety. Suspect PTSD from assault while in prison..."(Coos County Family Health Services, 07/16/14-12/8/14)

Records indicate that Mr. Leite was also in counseling at the "Mental Health Center," but those records are not available for review, and it is not known how long he continued in counseling.

Sometime in 2014, Mr. Leite applied for Social Security disability benefits for a combination of his progressive spina bifida symptoms as well as his mental and emotional problems. As part of that application process, he underwent an independent psychological evaluation and an independent neurological evaluation, where the following was reported:

- (Psychology) "He is quite tense. He is flushed in the face and rocks in the examination chair from time-to-time. He is appropriately dressed and groomed and very muscular. His muscles appeared tense throughout the evaluation. He frequently loses his train of thought when answering questions. He is tangential. He shows poor eye contact. At times, he becomes tearful, but tries to hide this. During the evaluation, he becomes increasingly tense. During parts of the Folstein (Mini-Mental Status Examination), he holds his head in his hands. He is constantly pressured. He will forget the question that was asked. On the Folstein, he would forget the task in the middle of completing it. He is quite stiff when he gets out of his chair at the end of the examination. He appears to be cooperating to the best of his ability...

"This individual is currently in treatment at the local mental health center. He receives his medications from his primary care physician. He feels that his medications help "a bit," but that he continues to have difficulties. He complains that he becomes defensive in public places for no reason. At these times, he feels things are closing in. He becomes lightheaded, he sweats, and his heart pounds. He is overwhelmed very easily. He complains that he 'can't think straight.' He has very poor sleep and sleeps only a couple of hours at a time maximum. He has been losing weight since January and has lost 30 pounds during that time. His concentration is poor. He is easily distracted. His mind wanders. He describes flight of ideas. He will forget what he went to get. He has burned Ramen Noodles when trying to cook on the stove. His energy level varies. On some days, he does not leave his room. Other days are somewhat better. He relates with his twin brother the mother of his children and his two children; otherwise he avoids others as much as possible. The mother of his children who has remained a friend now refuses to go out in public with him due to an episode during the current summer. He went to an amusement park at a lake with her and the children. He was escorted out of the park after becoming agitated on two occasions interacting with other customers and with one of the staff

running a ride. He yelled at those people. He feels badly that he did this in front of the children. He notes that he often becomes irritable even with his children when he is at home. He is hypervigilant concerning the safety of his children and feels he has to protect them. At other times he has paranoid ideation. He will complain that people are staring at him when they are not. He responds by making angry comments. His girlfriend will tell him that they were not actually looking at him. He does enjoy playing with his 7 and 9-year-old children; however, he cries a great deal when thinking about them. At other times, he is numb and does not have emotion when it would be expected. He describes depressive symptoms including helplessness and hopelessness. He has suicidal ideation without intent. He feels that his condition has been the same for '28 years' and that this is frustrating. He notes that he has spina bifida and has to walk or hike to maintain mobility; however, this action makes the pain worse. He is never entirely pain-free. He does try to help around the house, but is frustrated at his slow pace and inability to do so. He notes that he has always had a temper, but has never been as severe and he has not had this level of anxiety since an accident in which he was in a coma for a week. This occurred in 2013 (sic.) while he was at work. Since that time, he has had more labile affect as well as poor cognition and focus…

"This individual's behavior causes him to have difficulty cooperating with the examination despite his best efforts. He is tense and reaches the edge of irritability when describing distressing incidents. He also has trouble maintaining his train of thought and remembering important facts, which he wanted to share with the examiner concerning his condition. His speech is pressured and shows flight of ideas as well as tangentiality. At times, he stutters or loses track of what he is going to say. His mood is anxious and depressed with considerable agitation. His affect is labile and disinhibited. The content of his thought is remarkable for paranoid ideation, passive suicidal ideation, excessive hypervigilance concerning the safety of his children, and marked distrust of others. Assessment of sensorium function finds him to be oriented with the exception of knowing the exact date or the examiner's name. Memory is grossly intact, although he shows latency in retrieving information from memory. Short-term memory is disrupted by impaired attention and concentration. He denies any learning disabilities and states that he was able to obtain a GED; however, his ability to learn would be impaired if he were in a room with other people. Attention and concentration are disrupted. He makes errors in subtracting serial 7s and needs to have instructions repeated in the middle of this task. He makes errors in recalling three words after a brief delay. He also makes an error in performing a three-step command. He forgets to put punctuation at the end of a sentence. He also forgets to look carefully at a design and thus has one figure in the design with five sides, which is accurate, but the second interlocking figure with only four sides. His fund of information is consistent with his level of education. His score on the Folstein Mini-Mental (Status Examination) is 22 out of 30…

"This individual is motivated for treatment and has shown an ability to engage in treatment with appropriate medication and psychotherapy focused towards affect and reality testing. This individual may be able to show some improvement; however, given the long-standing duration of his symptoms, which began in childhood and have worsened since a traumatic brain injury. His overall prognosis is guarded." He was diagnosed as having: Posttraumatic Stress Disorder (PTSD); Intermittent Explosive Disorder; Panic Disorder; Rule out Neuropsychological Deficits Resulting in Frontal Lobe Syndrome and Organic Affective Syndrome secondary to traumatic brain injury and coma in (2012).(Elizabeth Hess, PhD, 08/30/14)

• (Neurology) "Mr. Leite is 30 years old and indicates that in August of 2012 he was assaulted by other individuals and was subsequently in coma. Records indicated he was hospitalized at Dartmouth Hitchcock Medical Center…

"Records indicate subarachnoid hemorrhage, bilateral subdural hematomas, right parietal hematoma, right zygoma fracture and right temporal bone fracture extending into sphenoid sinus…

"Afterward he had gait and cognitive issues. He does not recall much of hospitalization…

"Since the injury, he reports insomnia, night terrors, reduced memory, anxiety in public places or around other individuals, and 'bad temper'…

"He also reports low back pain and problems with lower extremities as detailed below related to spina bifida. He reports reduced balance. He tells me he was asked to leave an amusement park because of his anger control problems…

"He apparently sees a mental health worker…He also has a primary care physician…

"With regard to spina bifida, he tells me he has had three surgeries in the past. He has atrophy in the legs, reduced balance, bilateral knee pain, left hip pain, urinary incontinence, difficulty emptying his bladder, a lump in the anal area, he believes is due to straining and low back pain. He has difficulty maintaining a straight line while walking…

"Mr. Leite is awake, alert, and conversant. There is no dysarthria or aphasia. He averts his gaze a good deal. He appears to tense the muscles of the upper extremities spontaneously…

"He was able to state the correct month, date, and year. He states it is Tuesday or Wednesday, that the place is Bedford and he was able to state his correct name. Recent memory is difficult to test. Short-term memory seems impaired. Attention and concentration are normal as is language function. He was able to name the President and the capital of New Hampshire. Visual acuity was 20/30 o.u. at near with Rosenbaum card and without glasses. Pupils are equal, round, and reactive to light and accommodation. Visual fields are intact by confrontation. Extraocular motility is full without ptosis or nystagmus. He is able to perceive cold on both sides of the face and can hear a 256 tuning fork in each ear. Sternomastoid strength is preserved. Tongue protrudes midline and palate elevates midline. Facial movement is symmetric. Gait and station are normal except for mildly wide based spontaneous gait. He is able to heel and toe walk, but with difficulty. He has difficulty with tandem walking. Romberg is negative. Motor bulk, tone and strength are normal except in the legs where there is atrophy of both forelegs and intrinsic muscles of both feet. The right calf circumference is 31 cm and the left is 36 cm. He has weakness in eversion of right foot and dorsiflexion of right big toe. Otherwise strength is 5/5. Muscle tone is normal. There are no abnormal involuntary movements. Ankle jerks are absent. Knees are 2+ and arms difficult to test because he tensed his knee. Muscles of the upper extremities are difficult to test as well as reflexes as he contracts muscles spontaneously, which he attributes to the fact that he does not like to be touched. There is reduced perception of cold in the right calf and vibratory and position senses are normal. Coordination is normal. Plantars are flexor. There is a midline low back scar…

"By this examination, there appears to be some memory disturbance, but is difficult to quantitate because of the limitations of bedside Mental Status Examination. Neuropsychological testing might be needed to further clarify cognitive and psychologic impairments…

"He has history of spina bifida with evidence of atrophy, sensory loss and weakness in the distal legs. He reports recent progression of symptoms…

"He self-reports impairments in sitting limited to 15 or 30 minutes. He reports he is unable to stand or walk for more than one hour and cannot lift, carry, or bend related to his low back problem. All his limitations he attributes to his back problem, i.e., the spina bifida…

"Self-reported impairments in standing and walking are consistent with physical findings. He reports limitations in sitting, lifting, carrying, and bending due to back pain itself, which is also consistent with findings…

"Cognitive impairment may exist and as mentioned above, might be further defined by neuropsychological testing."

(George B. Neal, MD, 10/01/14)

Mr. Leite says that he still has difficulty with sleeping at times, rarely eight hours straight, but his nightmares have reduced to about twice per month. His depression is better with medication but he "still get(s) down," and is easily tearful. At times he feels hopeless. There is less suicidal ideation now, but there was earlier. He hates being "alone and thinking," however, because it is "so easy to go back to that place (i.e., prison)." His anxiety and panic are improved, but he still becomes paranoid easily. One time when he drove past NHSP/Berlin he went into cold sweats and panic. He also indicates that his headaches are better but still occur and result in light and noise sensitivity. He still experiences ringing in his ears. His facial pain has improved. His dizziness and balance problems are better, but at times it feels "like (he) can't tell (his) legs what to do."

Mr. Leite says that his memory and concentration have improved from those initial months after the assault on 08/24/12. He thinks he is speaking better, but can easily lose his place as to what he is speaking about. He gets distracted and has problems with multitasking. Short term memory is worse than long term memory. There are times when he has problems with word finding. He will forget people's names, if it is a new person, but with someone he has known before it might only take a second or two to recall the name. He still misplaces things "sometimes even (when they are) in (his) hand."

Mr. Leite reports that he still feels out of control at times but usually it is because something has actually triggered it, not so much his misperception as before. He is not quite as jumpy, but can startle easily if someone is coming up from behind him. Invariably, he turns around raising his fist."

As indicated above, Mr. Leite and Ashley, and their children, all live together now and the relationship with Ashley has improved. However, sexual intimacy is poor, "only a handful" of times since being out of prison. Mr. Leite is not working, and is now receiving Social Security disability benefits. His disability is, reportedly, from both the spina bifida associated with back pain and neurosensory symptoms, and his temper which "scares (him)."

Mr. Leite's wife Ashley, and his mother-in-law Kathleen Peters, both report increased problems with his short temperedness and explosive behavior. While he had those features in his personality earlier, they are much worse now. It takes very little to aggravate him into an aggressive reaction even with strangers. Ms. Peters, particularly, if they all go out with the grandchildren, is constantly worried that he will react, and that has not been the case before the assault on 08/24/12. In addition, they both report that Mr. Leite's memory is poor. Ms. Peters, for example, says that he forgets after he has called her and is calling the second time to deliver the same message. When Mr. Leite tried to return to work with Ms. Peters' husband, he had difficulty with ordinary tasks that he knew well before, and her husband could not trust him with construction assignments. They believe that he is a changed person.

Since February 2015, Mr. Leite has been seeing a psychiatric nurse practitioner at Coos County Family Health Services, who now prescribes all of the psychiatric medication. The initial evaluation included the following report:

- "(Mr. Leite) presents to the office today for initial appointment and evaluation regarding depression. He reports that he was in a coma for some length of time and woke from this in 2013 (sic.). He reports that he does not remember what happened, exactly, but does know he was in a fight or some altercation in prison, and was in a coma as a result. After waking, he feels like 'a different person' and not the same as he was – this causes great frustration for him, and he notes 'nobody knows what it is like to feel something is wrong, but not know what it is.' He also reports: 1. Frequent nightmares, vivid and frightening about incident. 2. Feeling on edge, keyed up, angry. 3. Startles easily. 4. Uncomfortable in situations where there is no escape or he feels 'trapped'. 5. Feeling 'on guard' for no reason or unexplained reasons. 6. Poor sleep, difficulty with sleep initiation and maintenance…He reports that these symptoms are 10/10 and very difficult at this time. He further notes that he doesn't 'handle fear well'. He denies fighting and physical altercations, but notes he is more snappy and verbally sharp than he means to be…Alert and oriented x 3…Gait is normal and unrestricted…Speech is fluent and of regular rate, rhythm, and tone, but he does pause to gather his thoughts often…Patient displays minimal eye contact…There is no evidence of psychomotor agitation or retardation…Thought process: logical…Thought content: There is no evidence of delusions or hallucinations…Patient denies suicidal ideation or plan. Denies homicidal ideation…Memory: Registration is 3/3 with words 'cat, blue and house.' Recall at 1 and 5 minutes is 2/3, respectively. He cannot recall 'blue' even with semantic clueing. Able to name current and three past presidents. Able to spell WORLD forwards and backwards appropriately. Serial calculations as follows: 100-7=93-7=86-7=79-7=72. Fund of knowledge appears average…Insight: Poor – he continues to blame his coma for his current symptoms…Judgement: Poor – frequently feels threatened and attacks for no reason…Impulse control: Mildly impaired – he does frequently go in public with a support person to help manage his symptoms…We spoke about his symptoms at length today and his management of them…He has a difficult time slowing his thoughts down and he knows he is irrational after an incident. He is not aware of how to manage during one of those times. This is why he is seeking care…He states that he frequently wants to 'give up' as he is tired of living this way, but is encouraged by his son and wanting to be better. He is agreeable to finding a therapist and is hopeful about seeking help and direction as well…" Mr. Leite was diagnosed as having: Major Depressive Disorder, recurrent, moderate; and started on an antidepressant medication (Amitriptyline) and a mood stabilizer (Lamictal).(Clint Emmett, APRN, 02/19/15 and 02/23/15). Subsequently, diagnoses of PTSD and Anxiety were added by the psychiatric

nurse practitioner, and Mr. Leite had trials of other medication. At times he became very upset during office visits, loud and agitated; and visibly trying to control his temper (04/02/15). It was noted that he had difficulty adhering to a medication schedule at times, even while having distressing emotions such as "feelings of emptiness," "anger," and "difficulty with calming down."(04/09/15). Mr. Leite also reported altercations in the community "with a gentleman after his last appointment and he 'felt scared' and had some flashbacks to difficultly with his reactions …Notes some fear and anxiety over the outcome of the police report and investigation." (04/21/15). Mr. Leite reported feelings of unreality during angry episodes: "Describes some symptoms that sound like dissociation when he gets angry – a sense of being outside himself, of not knowing who he is and of feeling remorseful and saddened when he claims enough…This scares him…Then goes to emphasize that he wants to do well, he wants to be kind and helpful and caring but feel(s) this irrational anger a lot too…We discussed his brain injury again today. We discussed changes as a result of this, as it seems to be the fulcrum that everything hinges for him – emotionally."(09/04/15). He reported difficulty with people and difficulty with being alone: "Christmas was good, I was with the kids. I had people in the house that I like and I wasn't so scared – but that is probably because I was able to have people be there and I wasn't alone. As soon as I am alone, I get scared and it comes back…(but also) difficult for him due to being around a large number of people, many of which he did not know."(12/28/15). Even while reporting improvement with medication, he still reported that he "has feelings of being cornered, trapped, scared, and threatened – as stemming from his PTSD and severe physical beating while he was incarcerated. He continues to struggle with this, but also has made great strides at handling these emotions."(07/01/16). Mr. Leite's changeable mood was shown with comments such as: "I'm so tired. I'm so tired of this every day. I feel like I should be back in prison. I can't do it out here. I think Ashley is only with me because of pity…Everyone just treats me like that… (Mr. Leite) is very closed, guarded and withdrawn today. He avoids eye contact and speaks softly…He endorses depression and feeling like he is 'worthless' and not able to get better…" (08/30/16)

Mr. Leite's last available treatment note from the psychiatric nurse practitioner noted the following:

- "'Chief complaint: Grief, depression, anger, PTSD…'I feel like I'm emotionally all over the place. Like a balloon that has been blown up too much – and anymore it will pop. I don't want to do that. I'm still so angry about my brother's death, and I feel like I'm not always in control. I want to go back to work, but I don't know if I can. I'm not sleeping well, I woke up last night, it was a nightmare and I don't want to talk about it. I just want to feel better, I know I need to. I'm to that point in my life when I don't want to do this anymore.'…(Mr. Leite) reports that his mood is 'better than it has ever been' but that he continues to struggle with emotional control, feelings of anger/grief, and feeling that he is 'not always in control.' He continues to endorse danger/hypervigilance and trauma related reactions to many stressors…He is not aware of why this happens…" Mr. Leite's current psychiatric medications include two mood stabilizers (Gabapentin 600 mg three times per day, and Lamictal 200 mg twice per day); two antidepressant medications (Zoloft 25 mg per day; Wellbutrin 150 mg XR twice per day); and an anti-anxiety agent (Lorazepam 1 mg twice per day as needed); and a major tranquilizer/antipsychotic (Latuda 40 mg per day).(Clint Emmett, APRN, 03/17/17)

MENTAL STATUS EXAMINATION

General Appearance, Attitude and Behavior: Mr. Leite presented as a clean-cut, tall, well-built man who was polite and cooperative. He appeared somewhat apprehensive initially and did not fully engage. However, this improved as the evaluation proceeded. There was no agitation or unusual motor behavior. Mr. Leite was an unreliable historian, and there are often inconsistencies in his accounts now and in previous evaluations. This is in part due to memory problems from his traumatic brain injury, and in part due to his fluctuating emotional state.

Flow of Thought: His speech was reticent at first, and more spontaneous later. There was no psychotic disorganization of thought, looseness of associations or tangential thinking. He did not appear to be grossly confused, although at times he was perplexed with questions posed.

Perceptions: There were no hallucinations, illusions or psychotic perceptions.

Mood and Affect: He appeared subdued and somber, at times a bit tearful. However, he was not grossly despondent. There was no sign of mania or hypomania. He did not appear to be overtly paranoid of this examiner.

Content of Thought: There were no paranoid delusions or bizarre ideation. He did endorse symptoms of cognitive dysfunction with memory and concentration being impaired, posttraumatic stress symptoms, and depression. He acknowledged prior suicidal ideation, but none at this time. He was very concerned about his problems with anger which, while improved, have not been entirely eliminated.

Orientation and Memory: He was generally oriented to his surroundings and his memory did not appear to be grossly impaired by brain dysfunction.

PSYCHOLOGICAL TESTING

On the Cognitive Capacity Screening Examination, he scored 24 out of 30. This was lower than expected when compared to his otherwise intelligent and astute dialogue. In addition, on some tasks he appeared to do worse than on prior mental status examinations, reflecting either psychological factors contributing or lack of full effort. Nonetheless, a cognitive deficit is more likely than not present based on the severity of his traumatic brain injury.

On the Rey's 15-Item Memorization Test, he scored 14 out of 15. This test is designed to appear more difficult than it is, so that scores below 9 suggest malingering or exaggeration of memory impairment. This score would not reflect exaggeration or malingering of memory.

On the Beck Depression Inventory-II (BDI-11), he reported a score of 23. This indicates moderate-severe (20-29) depression.

On the Patient Anxiety Scale (PAS), he reported a score of 50, which indicates mild (31-50) endogenous anxiety; and a score of 3, which indicates insignificant (0-11) exogenous anxiety.

The Trauma Symptom Inventory-2 (TSI-2), measures symptoms of emotional distress that can be a result of trauma. He produced a valid profile with the highest Clinical Factor Scales being Trauma, and Externalization of emotional distress. There were also 8 out 12 Clinical Scales elevated: Anxious Arousal, Depression, Anger, Intrusive Experiences, Defensive Avoidance, Dissociation, Suicidality and Insecure Attachment. This is consistent with a post-traumatic stress profile.

On the Minnesota Multiphasic Personality Inventory-2-RF (MMPI-2-RF), he produced a valid profile, but with evidence of over-reporting particularly of physical and cognitive symptoms. This could reflect exaggeration, but given a significant clinical history of health problems, his responses are still relevant. Diagnostically, the profile is consistent with Posttraumatic Stress Disorder (PTSD), Anxiety Disorder, Depressive Disorder, Anger Disorder, and physical symptoms as a manifestation of stress.

More specific interpretations provided include the following:

Somatic/Cognitive Dysfunction

The test taker reports a diffuse and pervasive pattern of somatic complaints involving different bodily systems including head pain, vague neurological complaints, and a number of gastrointestinal complaints. He is likely to have a history of gastrointestinal problems. He is also very likely to have a psychological component to his somatic complaints. In addition, he is likely to be prone to developing physical symptoms in response to stress. He also reports a general sense of malaise manifested in poor health, and feeling tired, weak, and incapacitated. He is very likely to be preoccupied with poor health and to complain of sleep disturbance, fatigue, and sexual dysfunction.

He reports a diffuse pattern of cognitive difficulties. He is likely to complain about memory problems, not to cope well with stress, and to experience difficulties in concentration.

Emotional Dysfunction

The test taker reports a history of suicidal ideation and/or attempts. He is likely to be preoccupied with suicide and death and to be at risk for current suicidal ideation and attempts.

His responses indicate considerable and pervasive emotional distress that is likely to be perceived as a crisis. More specifically, he reports a significant lack of positive emotional experiences, pronounced anhedonia, and marked lack of interest. He is very likely to be quite pessimistic, to lack energy, and to display vegetative symptoms of depression.

The test taker reports feeling sad and unhappy and being dissatisfied with his current life circumstances. He is likely to complain of feeling depressed. He also reports believing he cannot change and overcome his problems and is incapable of reaching his life goals. He is very likely to feel hopeless, overwhelmed, and that life is a strain, to believe he cannot be helped and gets a raw deal from life, and to lack motivation for change. In addition, he reports self-doubt and is likely to be prone to rumination, to feel insecure and inferior, and to be self-disparaging and intropunitive.

He reports various negative emotional experiences and is likely to be self-critical and guilt-prone. He also reports feeling anxious and is likely to experience significant anxiety and anxiety-related problems, intrusive ideation, and nightmares. In addition, he reports being anger-prone. He is likely to have problems with anger, irritability, and low tolerance for frustration, to hold grudges, to have temper tantrums, and to be argumentative and abusive.

Thought Dysfunction

The test taker reports significant persecutory ideation such as believing that others seek to harm him. He is likely to be suspicious of and alienated from others, to experience interpersonal difficulties as a result of suspiciousness, and to lack insight.

Behavioral Dysfunction

The test taker reports a history of problematic behavior at school. He is likely to have a history of juvenile delinquency and criminal and antisocial behavior, to experience conflictual interpersonal relationships, to engage in acting-out behavior, and to have difficulties with individuals in positons of authority.

Interpersonal Functioning Scales

The test taker reports not enjoying social events and avoiding social situations, including parties and other events where crowds are likely to gather. He is very likely to be introverted, to have difficulty forming close relationships, and to be emotionally restricted. He also reports disliking people and being around others, preferring to be alone. He is very likely to be asocial.

DIAGNOSIS

Posttraumatic Stress Disorder (PTSD)
Mild Neurocognitive Disorder, secondary to traumatic brain injury, with features of disinhibition
Anxiety Disorder, unspecified
Depressive Disorder, unspecified
Personality Disorder with explosive and paranoid features
Rule/out Attention Deficit Hyperactivity Disorder (ADHD), by history

CONCLUSIONS

Mr. Leite presents with a history of a life threatening assault by inmates at the New Hampshire State Prison (NHSP)/Berlin on 08/24/12, when Mr. Leite was incarcerated there. The assault resulted in a serious head injury with skull and facial fractures, and bleeding in and on brain tissue. Mr. Leite was hospitalized for two weeks at Dartmouth Hitchcock Medical Center and another eight days at Catholic Medical Center, Rehabilitation Medicine Unit. In addition to his physical injuries, and even without memory of the assault itself because of a loss of consciousness and at least partial amnesia, Mr. Leite's reaction to the assault, waking in confusion in the hospital, and learning of the assault and his near death, constitute a major stressor in his life. This was followed by a return to a prison environment (not the same prison, i.e., NHSP/Concord)

where threats of violence are commonplace by inmates, and may have included some with ties to the original assailants at NHSP/B. In any case, they reinforced the threat from his assault. Subsequently, Mr. Leite experienced intrusion symptoms of the traumatic event including nightmares, distressing memories, and psychological distress at reminders of the traumatic event; avoidance of stimuli associated with the traumatic event; negative alterations of cognition and mood associated with the traumatic event; and a marked alteration in arousal and reactivity. These symptoms are consistent with Posttraumatic Stress Disorder (PTSD).

Mr. Leite, having suffered a traumatic brain injury (TBI) from the assault on 08/24/12, also displayed postconcussion symptoms including headache and facial pain, sensitivity to light and noise, dizziness and balance problems, and cognitive dysfunction. Specifically, he had memory and concentration difficulty, easy distractibility, and issues with multitasking, i.e., typical cognitive deficits from TBI. Because this was a complex TBI, i.e., with skull fractures and bleeding, it does not necessarily follow the course of other types of mild TBI, and resolution is not necessarily expected in the typical timeframe. Records do show that cognitive screening tests and neuropsychological tests identified cognitive dysfunction in the first six months after the assault on 08/24/12, during his hospitalizations, and when he had been released back to prison and in Mental Health Service. Mr. Leite's cognitive symptoms were variable at times, improving and at other times worsening. This is not the natural course of TBI and was likely affected by other factors including psychological and stress symptoms, pain, insomnia, and inconsistent effort on his part. Some of the variability, such as during independent psychological and neurological examinations, showed dramatic worsening, no longer seen to that extent today. Nonetheless, with the nature of his head injury and documented TBI, it is more likely than not that Mr. Leite still has cognitive deficits from the TBI, which have been graphically corroborated by family members. Therefore, Mr. Leite's diagnostic presentation includes a Mild Neurocognitive Disorder, secondary to TBI.

Mr. Leite also has history of a pre-existing Anxiety Disorder and a pre-existing Depressive Disorder, which blur with his long history of a Personality Disorder with anger and explosiveness, often with paranoid thinking, though short of paranoid delusions. Anger control was a persistent problem prior to his first incarceration and worsened by his second incarceration. In my opinion, however, there has been a qualitative and quantitative aggravation of his anger and explosiveness since the assault on 08/24/12. This may be in part directly due to TBI, since disinhibition and displays of anger are often seen in people with brain insult who did not have a prior disposition such as Mr. Leite's, because of disinhibition of anger. At the same time, it is likely that the assault has made his pre-existing anger problem worse because of his emotional reactions from PTSD, and worsening of his Anxiety Disorder. Finally, Mr. Leite has a pre-existing Depressive Disorder, which his treatment provider calls Major Depressive Disorder, and this has been aggravated by the assault on 08/24/12 and its effects on his life. These symptoms overlap with his other conditions, and have required ongoing treatment now for over two years.

In my opinion, Mr. Leite's PTSD and Mild Neurocognitive Disorder were caused by the assault on 08/24/12; and his Anxiety Disorder, Depressive Disorder, and Personality Disorder were aggravated by the assault. He is now totally disabled and receives Social Security disability benefits, some of which are due to his spina bifida. Even though spina bifida complications have worsened and required a fourth surgery since the assault on 08/24/12, spina bifida had not

impaired him substantially from working before so that, more likely than not, his psychiatric disorders play a greater role than the spina bifida in his disability. Mr. Leite has been under treatment and close monitoring for the last two years at Coos County Family Health Services with a psychiatric nurse practitioner, along with mental health counseling. This treatment and his combination of medications have helped him, but have not resolved his symptoms. Therefore, in my opinion, psychiatric medication and mental health treatment will be needed indefinitely. Mr. Leite has been determined totally disabled by the Social Security Administration, and his attempts at working in his previous trade have been unsuccessful because of his mental disorders caused or aggravated by the assault on 08/24/12. The effects of his TBI are permanent, now after almost five years, and his other disorders are already treated with high doses of medications that have not resolved his symptoms substantially. Therefore, the prognosis for Mr. Leite to re-enter the workforce in the future is guarded, and never at the level that he worked in his trade.

Albert M. Drukteinis, MD, JD

AMD/bvd
Attachment